

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

more Application of : Christoph PELCHEN, Ünal GAZYAKAN and
Serial no. : Barbara SCHMOHL
Filed : 10/696,758
For : October 29, 2003
Group Art Unit : AUXILIARY TRANSMISSION
Examiner : 3681
Docket : Saul Rodriguez
ZAHFRI P561US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

The Applicant hereby petitions for a two (2) month Extension of Term attached hereto, thereby extending the term for response to and including **July 23, 2005**

[XXX] A CHECK FOR THE FEES INDICATED BELOW, BASED UPON THE APPLICANT'S LARGE ENTITY STATUS, ACCOMPANIES THIS RESPONSE.	
PETITION FOR 2-MONTH EXTENSION OF TIME	\$450
TOTAL	\$450

In response to the official action mailed February 23, 2005, please enter the following before reconsideration of this application.

In the Drawings:

Please amend Figs. 1 and 2 of the drawings, presently on file, as indicated in red ink on the Annotated Marked-Up Drawings accompanying the attached Submission. The Applicant respectfully requests approval of all of the requested drawing amendment(s) at this time.

In the Specification:

Please amend paragraph [033] of the specification as follows wherein additions are shown by underlining and/or deletions are shown by strikeout or brackets. Please enter the amended paragraph [033] into the record of this case.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUL 28 2005

FEE TRANSMITTAL

for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$450

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit

10/696,758
October 29, 2003
Christoph PELCHEN et al.
Saul RODRIGUEZ
3681

Attorney Docket No.

ZAHFRI P561US

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Paid
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	—
SUBTOTAL (1)				\$-0-	

2. CLAIMS

Total Claims	-20*	=	\$ 50 (\$ 25)	x	=	Extra	Fee From Below	Fee Paid
Ind. Claims	- 3	=	\$200 (\$100)	x	=			
Multiple Dependent	=		\$360 (\$180)	x	=			
** or number previously paid, if greater; For Reissues, see below								
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description				
1202	50	2202	25	Claims in excess of 20				
1201	200	2201	100	Independent claims in excess of 3				
1203	360	2203	180	Multiple dependent claim				
1204	200	2204	100	**Reissue independent claims over original patent				
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)				\$-0-				

**or number previously paid, if greater; For Reissues, see above

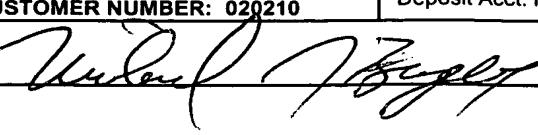
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)\$450

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name	Michael J. BUJOLD CUSTOMER NUMBER: 020210	Registration No.	32,018	Telephone (603) 624-9220
		Deposit Acct. No.	04-0213	Fax: (603) 624-9229
Signature				Date: July 25, 2005

10/696,758

In the Claims:

Please enter new claims 15 and 16 and amend claims 8, 9 and 12 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.